

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be additional reimbursement of \$9,270.00 for dates of service 02/07/01 through 03/27/01.
- b. The request was received on 02/06/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. HCFA(s)
  - c. TWCC 62 forms
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60
  - b. HCFA(s)
  - c. TWCC 62 forms
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Medical Dispute Resolution Information System Case Activity Log Seq.#17, "Additional Documentation requested from the requestor on 6/12/02 as of 7/2/02 no records have been rec'd. File is therefore forwarded to Waco for review..." No carrier sign sheet found in case file. The referenced Case Activity Log will be reflected in Exhibit III of the case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Per the Table of Disputed Services, "No fee guideline-Based on DOP-see documentation."
2. Respondent: No position statement found in the case file.

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 02/07/01 and extending through 03/27/01.
2. The explanation of denial listed on the EOBs is “M-NO MAR, REDUCED TO FAIR AND REASONABLE ACCREDITED PROGRAM.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
02/07/01	97799-CP-AP	\$1,400.00	\$920.00	M	DOP	TWCC Act & Rules Sec. 413.011 (d), Rules 133.304 (i) & 133.307 (g)(3)(D) MFG;MGR (II)(C)(G)	<p>The provider billed in accordance with the referenced Rule. There is no medical documentation indicating that the services were rendered.</p> <p>No evidence of a methodology was submitted by the carrier as required by Rule 133.304(i).</p> <p>The provider billed an hourly rate of \$175.00 for the services rendered. The carrier reimbursed the provider an average of \$115.00 an hour.</p> <p>The Medical Review Division must review the evidence submitted to determine which party has provided the most persuasive evidence to support fair and reasonable since there is no MAR. The carrier has failed to submit a response or a methodology. The provider has failed to submit any evidence of fair and reasonable or any medical documentation.</p> <p>Per Rule 133.307(g)(3)(D), the provider must submit “...documentation that discusses, demonstrates, and justifies that the payment amount being sought is a fair and reasonable rate of reimbursement in accordance with § 133.1 of this title (relating to Definitions) and § 134.1 of this title (relating to Use of the Fee Guidelines);”.</p> <p>Therefore, based on the lack of evidence submitted by the provider reimbursement <b>is not</b> recommended.</p>
02/08/01		\$1,400.00	\$920.00	M			
02/12/01		\$1,225.00	\$805.00	M			
02/13/01		\$1,400.00	\$970.00	M			
02/14/01		\$1,400.00	\$970.00	M			
02/15/01		\$1,400.00	\$970.00	M			
02/22/01		\$875.00	\$575.00	M			
02/23/01		\$875.00	\$575.00	M			
02/26/01		\$875.00	\$575.00	M			
02/27/01		\$875.00	\$575.00	M			
03/01/01		\$875.00	\$575.00	M			
03/02/01		\$1,400.00	\$920.00	M			
03/05/01		\$875.00	\$575.00	M			
03/06/01		\$875.00	\$575.00	M			
03/07/01		\$875.00	\$575.00	M			
03/08/01		\$1,400.00	\$920.00	M			
03/12/01		\$875.00	\$575.00	M			
03/13/01		\$875.00	\$575.00	M			
03/14/01		\$875.00	\$575.00	M			
03/15/01		\$1,400.00	\$920.00	M			
03/16/01		\$1,050.00	\$690.00	M			
03/21/01		\$875.00	\$575.00	M			
03/22/01		\$875.00	\$575.00	M			
03/23/01		\$875.00	\$575.00	M			
03/26/01		\$875.00	\$575.00	M			
03/27/01		\$875.00	\$575.00	M			
<b>Totals</b>		\$27,475.00	\$18,205.00				The Requestor <b>is not</b> entitled to reimbursement.

The above Findings and Decision are hereby issued this 6<sup>th</sup> day of February 2003.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

MB/mb